

Disclosure and authorization for a drivers license records check (MVR)

Name _____
Last First MI

Address _____ City/State _____

County _____ Zip _____

Social Security # _____

Drivers license # _____ Issued state of drivers license _____

Date of birth _____ (Needed only to accurately retrieve records)
M/D/Y

Auto Insurance Company and policy number _____

This authorization is being given in regards to an MVR (Motor Vehicle Request for a drivers license inquiry) check and this information will be used to determine your qualifications to operate a motor vehicle while conducting official business for The Southern Baptist Theological Seminary. All employees, volunteers, faculty and staff are required (yearly) to submit to this inquiry before operating any vehicle while on official duty for SBTS. This includes any Seminary owned, leased, rented or any personal vehicle used or operated.

PLEASE READ AND SIGN THE FOLLOWING

I authorize Southern Baptist Theological Seminary to conduct or hire services to conduct an MVR regarding my driver's license/history I authorize any parties contacted to release information to my employer or its agent (e.g., a consumer reporting agency) regarding my previous driving record, licenses, certifications, medical inquiries, history and any other information. I release all persons and entities from liability for damages that may arise from the release of this information. I waive all provisions of law prohibiting the disclosure of information.

I understand that Southern Baptist Theological Seminary and its agents cannot guarantee the accuracy of any information reported to it by third parties.

Any applicant, who refuses to complete this form, omit material facts, or provide false information, will not be considered to operate a vehicle while employed at SBTS.

Signature _____ Date _____

Phone number _____ Department employed _____

Supervisor's signature _____ Date _____